


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # N97000000698	
1. Entity Name GOD'S OPEN DOOR MINISTRY, INC.	

Principal Place of Business 1118 MT AIRY AVE LAKELAND, FL 33801	Mailing Address P.O. BOX 933 EATON PARK, FL 33840 US
---	--

DO NOT WRITE IN THIS SPACE



04052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0734433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHAFFER, WENDY SADDLER
1118 MT AIRY AVE
LAKELAND, FL 33801

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOYT, DARLING PAYTON 604 NE HOWARD AVE. #2 LEES SUMMIT, MO 64063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDC SCHAFFER, WENDY S P.O. BOX 933 EATON PARK, FL 33840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MESSENGER, WILLIAM J 3 A MITRE RD LONDON, UK, UK s01 8py
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, ALLANA A 5404 KATHLEEN RD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000698410
04/19/07-80001-015 61.25

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy S. Schaffer 4/6/07 (863) 984-3472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #